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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### A CURIOUS CASE OF NERVOUS DISEASE.

BY THOS. D. WORDEN, M. D., PH. M.,  
Of Saratoga, N. Y.

Medical men, having much to do with functional nervous disorders, speedily become familiar with their more constant yet multiform manifestations. Like the Old Man of the Sea, they metamorphose variously, and often curiously. Unaccustomed to the behavior peculiar to this class of cases, *i. e.*, neurasthenic in character, many a physician has been unable to find a satisfactory cause for phenomena to him so unusual and has accordingly suffered, perchance, no little *internal* bedside embarrassment at one time or another.

Having some personal knowledge of the truth whereof I speak, and desiring to contribute a stroke toward the filling-in and rounding-out of a picture by no means too finished, I am led to make a skeleton sketch of a case presenting incidentally some symptoms at once curious and unique.

Miss A—, *æt.* 25, has a long time suffered from an obstinate menorrhagia. Puberty was achieved with difficulty, and the menorrhagic condition, probably a result primarily of a faulty distribution of nerve-force, soon followed, and thus gradually aggravated the original nervous disturbance. On first examination, patient was found to be thin, anæmic, languid, and possessing little endurance. Spine was tender throughout, and constantly painful in lower half. Headaches (hemierania) frequent. Pain also in region of both ovaries. Uterus retroverted with endocervical inflammation. Palpitation occasional. Appetite capricious, and bowels inclined to constipation. Sleep very light and banished by trifles.

Nervous system greatly lowered in tone. Under treatment, all of these conditions by degrees improved, and at the end of four or five months quite a transformation had been wrought. At this time, a fall slightly concussed the spine, but the effects were soon removed, whereupon the previous general and special treatment was again resumed.

Two weeks ago I was hurriedly summoned at about 11 p. m., to see the young lady, and found her presenting the following curious and interesting symptoms: A tickling sensation in the throat had suddenly given rise to most violent, uncontrollable, and noisy paroxysms of coughing. Subjective sense of pharyngeal and laryngeal muscular spasms, but no dyspnoea. Intense burning and redness, with itching, then developed, extending over the chest, shoulders, neck, and chin. Lips swollen, dark, and painful. A lump, half the size of a hen's egg, rapidly appeared under the left ear, and there was a sensation of general swelling of the throat. Eyelids swollen. Head giddy. Pain so severe as to cause writhing and groaning was experienced just above the pubes and in the groins. Nausea ensued, culminating in free emesis—the pain, however, continuing without abatement.

These symptoms I have given sequentially as they occurred, and they were all compressed within the limits of forty-five minutes. Thinking that the violent coughing had driven the abdominal and pelvic organs down with such force upon the supporting pessary (Hodge's retroversion), as to possibly cause the intense supra-pubic pain, I promptly removed the instrument and then administered, *per orem*, morph. sulph. gr.  $\frac{1}{4}$ . Under this procedure all symptoms rapidly subsided, and beyond a little "uncomfortableness" the next morning, no disagreeable results remained. To me this was a very unusual manifestation. With no tendency to hysteria, and in the absence of any discoverable exciting cause, I can only look upon it as a rare and sudden disturbance of the equilibrium of nervous forces, resulting in the little tornado of symptoms which swept over the patient as above described. Has any one a better explanation to offer?

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**D. G. BRINTON, M. D.,** } EDITORS.  
**JOSEPH F. EDWARDS, M. D.,** }

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### THE IMPORTATION OF FOMITES.

At the time of the cholera scare last summer there was a vessel bound from Alexandria to Liverpool loaded with rags. The London newspapers became greatly excited at the prospect of having a pestilence thus brought to their shores. Their anxiety was promptly relieved by a statement of the owners that the infected cargo had been ordered to New York.

This is but one of many instances in which commercial interests have manifested a cynical indifference to the sanitary welfare of the public. In view of this, a very timely ruling of the Treasury Department has stringently forbidden the importation of rags from Egypt unless they have been thoroughly disinfected.

Directions for disinfection have been forwarded to our Consul-General at Cairo, and an inspector has been designated to supervise the process and furnish a proper certificate. It is recommended that one of the following methods should be adopted:

1. Boiling in water for two hours under a pressure of fifty pounds per square inch.
2. Boiling in water for four hours without pressure.
3. Subjection to the action of confined sulphurous-acid gas for six hours, burning one and a half to two pounds of roll brimstone in each 1,000 cubic feet of space, with the rags well scattered upon racks.

These precautions are very appropriate at this time; the more so, as rumors of the prevalence of cholera in the Red Sea ports of Egypt have already appeared in the European papers.

Although medical science has not discovered any remedy for this disease, it has made great and positive advances in checking its progress by hygienic precautions. It is the same with the bubonic plague, with malignant typhus, with contagious leprosy, and a large class of similar diseases. Our victory over them has been in keeping them at a distance. To aid in this, the resources of civilized governments are most essential.

## NEWS AND MISCELLANY.

## The Kentucky State Medical Society.

HELD AT BOWLING GREEN, JUNE 3, 4, AND 5, 1884.

Reported by Allen Kelch, M. D.

(Continued from page 785.)

WEDNESDAY AFTERNOON.

At the conclusion of the discussion of the report of the Committee on Improvements in Surgery, Dr. James S. Parrish, of Glasgow Junction, reported the following:

May 22, 1878, Mrs. R—, æt. 43, twenty years married, without children, was found to have an enlargement in the region of the right ovary, which had been perceptible for the past six months. To use the doctor's own words: "The uterine, or tumor, presented itself in the umbilical region, having a hard, movable surface, being a little to the right of the median line. Upon examination per vagina, the os uteri is found high up in the sacrum, and turned back towards the vaginal cul-de-sac very much shortened, and presenting a broad, indurated surface." At the end of the examination, says the doctor, the diagnosis not being made out (though I gave it as my opinion that it was an ovarian tumor) we all agreed to give the patient some general alterative treatment, and trust awhile to nature. The doctor says he "heard no more of the case until June 3, at which time he received a dispatch to meet the doctors at Smith's Grove for the purpose of aspirating the tumor. After another consultation, in which Dr. George Ewin was present, we agreed to aspirate the tumor with a view of its shedding more light upon the case."

This was done on the 4th of June, and a small quantity of straw-colored fluid drawn off, when, syncope supervening, the operation was curtailed and another consultation held. The following, and for several days subsequently, her pulse was 110 to 118, and temperature 100½ to 102, followed by diarrhoea.

To cut a long story short, she was removed to her home in the country, about fourteen miles, on the seventeenth day after the operation. About a week after, she was seized with severe pains, and her husband, a Rev. Mr. R., sent for the nearest physician, some two miles away, and in the meantime, while awaiting his arrival, his wife was up over the vessel, when she felt something give way, and commenced passing out at the bowel. The Rev. Mr. R. grew very much excited to see this, and on the arrival of Dr. H. he expressed it as his opinion that the sac of the tumor had passed. The doctor submitted the case with a hope that the society would express an opinion as to whether or not it is an ovarian tumor with sloughing and spontaneous cure, or what character of tumor it might be.

Dr. Pinckney Thompson, of Henderson, read a paper on Typhoid Fever. He said: "As I am on record in the last publications of the Kentucky State Board of Health as to the etiology of typhoid fever, it is not now necessary for me to repeat those views already expressed. In the limited time of a paper before the State Society, it is impossible to speak of its pathology, and I have

therefore to-day concluded to speak concerning its treatment.

"It is of the utmost importance that an early diagnosis should be made. When a doubt exists as to the character of the case, which is not infrequent, as sometimes continued malarial fever closely simulates it, my advice is to test it with such remedies as will remove the doubt as to its malarial character. This being done, and the typhoid nature of the disease established, the next important matter is to consider what are the dangers and what the remedies as the case progresses.

"Typhoid fever is a disease that has a distinct clinical history, runs a distinct course, and in my judgment is never aborted by remedies. The two first great important conditions to consider are the heat that necessarily develops—the consuming fire—which, in my judgment and experience, the majority of patients succumb to, and the involvement of the heart in the way of partial paralysis. In making the diagnosis of typhoid fever, it is not necessary to regard some disturbance of the alimentary canal as an essential factor to establish the existence of the disease. In some of the cases of the most inveterate type, I have found no such disturbance, but on the other hand a sluggishness amounting even to constipation. One case in particular impressed me. I saw a case in consultation some three years ago, a young lady 22 years of age. She had been sick twenty-two days. When I first saw the case, I pronounced it my opinion that the young woman had typhoid fever. Four days later she died, and twenty-four hours after death the autopsy revealed a perforation of the ileum.

"In controlling the heat that is usually developed in this disease, there is nothing so efficient in my experience as cold water. It need not be so cold as to produce the shock which is objectionable. I do not believe it necessary ever to have it below 75° or 76°, nor above 90°. It abstracts the heat, and should be repeated as often as necessity requires as guided by the thermometer. The manner of applying it is of the utmost importance. The immersion bath has been recommended. This not only involves considerable expense and inconvenience, but is oftentimes impossible to accomplish. I prefer the sponge bath, which is easily applied, not expensive, and in the hands of every one. It should be used as heat demands.

The next important thing is to sustain the heart's action, and the best agent to accomplish this and lower the temperature is, in my experience, alcohol. Another important remedy I have found satisfactory results from in the early stages, in reducing the temperature and controlling the circulation, is salicylic acid in ten, fifteen, or twenty-grain doses. It must be watched, however, on account of its depressing effect upon the head.

Digitalis, in connection with mineral acids, as recommended by Dr. Flint, especially in connection with phosphoric acid, has given in my hands excellent results. I have also given the acids with strychnia. In the latter stages of the disease, used in connection with belladonna, the heart's action is sustained, while at the same time the bowel troubles have been greatly mitigated. When, in spite of all, an excessive diarrhoea with a

tendency to fatal hemorrhage supervenes, I know of nothing better than opium and subnitrate of bismuth.

An important feature of typhoid is the frequency with which intolerance on the part of the stomach manifests itself. I have seen cases where ice and subnitrate of bismuth were equally promptly expelled, yield at once to iodine largely diluted in water, given every thirty to sixty minutes, or two hours, as the case may require.

It is not necessary here to speak of the necessity for cleanliness in all respects.

In conclusion, let me assure you, gentlemen, there is no disease the physician is called to treat that demands from first to last a more rigid adherence to the principle of symptomatic treatment than typhoid fever.

Dr. J. L. Taylor, of Greencastle, reported a case of typhoid fever which presented a typical history of the disease up to the eleventh day, at which time the temperature fell to 97°, and continued so through all the remainder of the case, which was characterized otherwise by the usual symptoms up until the twenty-second day, when it rose to 99°, and continued to vary for a few days, when convalescence was declared.

Dr. Wm. Bailey, of Louisiana, said: "I regret exceedingly that the first paper did not discuss the disease rather than the treatment, because the whole rational treatment of the disease depends upon the conception of it which is formed. I think it a specific infectious disease, due to a poison which produces it and no other malady. I believe it to be due to bacteria—that we have the passage of it through the system bringing about a group of symptoms separate and distinct, which we call typhoid fever. With this consideration then we would be prepared to discuss the paper by Dr. Thompson. This specific poison in the system brings about many important changes besides those it works in the alimentary canal. Not more than 10 per cent. of the fatal cases occur through any lesion of the intestinal tract, though diarrhoea and hemorrhage and perforation are features we must not neglect.

"The disease is fatal in exact proportion to the duration of an elevation of temperature. Undue elevation unduly prolonged lies at the root of most fatal cases.

"I am a confident believer in the benefit that comes from the reduction of temperature by antipyretics. Of them some have been commended, some have been rejected. I think no man, since the article on typhoid fever by Leibermeister, has a right to reject these remedies until they have been given an extensive and impartial trial. No man ought to speak against the antipyretic efficacy of quinine until he has given it in antipyretic doses. I know of no reason why quinine should be more objectionable to the stomach than salicylic acid.

"Alcohol, when we begin to near the natural termination of the disease, meets a good indication in supporting a weakened heart. To it alcohol acts in the nature of both the 'oats and the spur.' It feeds the heart by the stimulation and dilation of its own vessels; and as to quinine, I would advocate its employment in antipyretic doses whenever the thermometric record runs above 104°. This occurs about the third week of

the disease. Having given a decided dose, say twenty grains, I should expect to find no indication to repeat it short of forty-eight hours, because the temperature does not again readily rise."

Dr. J. A. Larrabee "desired to congratulate the doctor on the course advocated, as it augured a disposition in the management of typhoid-fever to return to first principles. It is beginning to be discernible in the discussions of societies, that symptoms which are valuable to the physician at the bedside exert a controlling influence upon the measures of treatment adopted. All rational physicians ordinarily at some time in the course of typhoid fever resort to the use of alcoholic stimulants. That alcohol reduces temperature can no longer be doubted; the manner in which it does so should occupy some attention. I can not agree with Dr. Bailey that it acts as the 'oats and the spur.' It decreases temperature by paralysis of the arteries, allowing the blood to flow more freely to the surface. If this be the case, it must lessen instead of increasing arterial tension. In regard to salicylic acid, I must add my testimony from my own experience to that which has gone before, that, while it is a very powerful agent to reduce temperature, it does it at the expense of the circulatory system. It produces exactly the same disturbance as quinine, only more intense. Digitalis, I recognize as a heart food, but even it must be used with caution, for it is not without danger. The heart belongs to the body and shares in the general debility, and under digitalis too great a muscular tension may destroy life by the spasmodic closure of the ventricle. With regard to the management of the intestinal trouble, turpentine has long enjoyed a deservedly high place in the professional estimation. When the dry tongue appears, when there are present evidences of inflammation of the mucous membrane, then the astringent, alterative effect of turpentine is desirable.

"The thermometer is undoubtedly a great benefit to the physician in these cases of typhoid fever: by watching its markings the danger is frequently pointed out before it is upon the patient. That high temperature is a factor in producing death cannot be doubted. That we can abort the disease is not held at the present time; we are therefore in for the management of it, and the word management is perhaps more expressive of our objects than the word treatment.

"With regard to the reduction of temperature by water, I think it a good plan, but I would not advocate the immersion of the body; especially are the movements necessary to accomplish this of great harm in the trembling stage of the disease.

"In malarial districts we often have a prodromal stage, resembling typhoid fever, and this is followed only by malarial fever; but by practice the early indications of typhoid fever become impressed upon the physician. There is a manner, an appearance, a language of the body, that stamps the man who is about to have developed this disease, which marks it above everything else."

Dr. D. W. Yandell, of Louisville, was understood to say: "I feel really there is no subject that possesses more interest than this, because this is a general interest. It is interesting to me



to note the treatment at the present as compared with the treatment 24 or 25 years ago, which I suppose was fairly represented in the treatment of my own case at that time. I thought it was malarial in the beginning, and I took forty grains of quinine, which served to increase my headache and general discomfort. Dr. Rogers came and prescribed sixty other grains in three separate doses. I was soon very deaf, and have not recovered to this day; not because of the quinine, but because of other troubles. Rogers thought I stood a good chance of dying in the first week, of nausea, but I finally passed over that period, and then during eight other weeks I was delirious. Throughout the whole of that time I was required to take food every three hours, and then every two hours, and then finally every hour. I was constipated for a week at a time; at the end of a week I would have an injection, and finally, three weeks after the delirium had passed, I was able to stand up. I am satisfied that in this case food was sometimes given at the expense of my convenience, therefore in my own person I have been trying Tanner's method somewhat. In an attack of rheumatism two years ago, thinking it might possibly help me, I made a fast of eleven days, but it did no good. I commenced taking food again, and in due time it passed off. In the winter just passed, I fasted twenty-one days, literally without food. At the end of that time I did not feel any particular inconvenience nor loss of strength. In the last two years I have treated five cases of typhoid fever in this way; that is, I have been governed entirely by the desires of the patient. Food was forced upon me for nine weeks; I took it, never without remonstrance, and always with disgust. Last July I treated a case in the person of a young man from Lexington. He went seventeen days with about two or three glasses of water. During that time he had one or two actions from his bowels; on the twelfth day a little diarrhoea, for which he took some chalk mixture. He made a good recovery; got well somewhat more rapidly I think than ordinary cases.

"Touching the use of quinine. In 1865, Dr Rogers and myself were thrown much together: The result of his experiments and my own carried out through '65 and '66, was to this effect, that at no time in the history of typhoid fever or typho-malarial did quinine produce any perceptible good, but that after the fever began to subside, to show some disposition to take a periodical form, at that time it was beneficial. I was quite surprised to hear a gentleman say he had encountered no inconvenience from these large doses of quinine. My observation has been just the reverse. The sixty grains made me just that much more wretched, irritable, and excited. I remember to have seen a case in consultation with Dr. Foree (and I think he was one of the most sagacious practitioners I have ever known), in which the disease in the person of a doctor lasted twenty weeks. Time and time again the question was discussed between us when his temperature ran high; still we withheld it till the fever showed a disposition to abate or assume a periodical type. At the end of that time it fell to 100°, then rose to 102°. Foree said, now is the time for quinine. I gave him ten-grain doses every two hours until he had taken forty grains. It reduced his tempera-

ture, and it remained down from twelve to eighteen hours, then it went to 104° again.

"These are the experiences of Rogers and Foree; my own is to the effect in typhoid fever precisely as in surgery. You can reduce the temperature with quinine or salicylic acid as low as you choose, and keep it there under the continued administration of the drug, but the moment you withhold it, the temperature goes back to where it was, and sometimes beyond. I have yet to see that quinine possesses any real power over the course and progress of that malady.

"Now, with reference to the use of water. The application of the wet sheet, as practiced with my father, won the prize for the best essay on this fever in 1840. I was glad to hear the gentleman say he used hot water. It reduces the temperature in the course of an hour, and I think it a good plan to sprinkle the blanket with water at such temperature as proves grateful to the patient.

"So, then, the three points I make are, first, as to food; next, that quinine possesses no curative powers whatever in this disease, and whatever good it does is purchased at the expense of the comfort and convenience of the patient; and next, that water is the best antipyretic, when properly used, that we possess for this disease."

Dr. Holland agreed with Dr. Bailey as to the efficacy of large doses of quinine at long intervals, and had seen excellent results from the practice. Given fifteen grains in the early morning, patients will rest comfortably throughout the day frequently, and pass a better night, feeling refreshed from its effects.

At the conclusion of this discussion, Dr. D. W. Yandell presented to the individual members of the Society the following memorial, neatly printed on handsome sheets for framing:

### In Memoriam.

WITHIN THIS URN LIE THE ASHES OF

SAMUEL DAVID GROSS,

A MASTER IN SURGERY.

His life, which neared the extreme Limits of the Psalmist, was one unbroken process of Laborious Years.

He filled Chairs in Four Medical Colleges in as many States of the Union, and added Lustre to them all.

He recast Surgical Science as taught in North America, Formulated anew its Principles, Enlarged its Domain,

Added to its Art, and imparted fresh Impetus to its Study. He Composed many Books, and among them,

A SYSTEM OF SURGERY,

Which is read in different tongues, wherever the Healing Art is Practiced.

With a Great Intellect, carefully trained and balanced,

He aimed with undivided Zeal

At the Noble End of Lessening Human Suffering

And Lengthening Human Life,

And so rose to the Highest Position yet attained in Science

By any of His Countrymen.

Resolute in Truth, he had no Fear, yet he was

Both Tolerant and Charitable.

Living in Enlightened Fellowship with all Laborers in the

World of Science,

He was greatly Honored by the Learned in Foreign Lands And deeply Loved at Home.

**BEHIND THE VEIL OF THIS LIFE THERE IS A  
MYSTERY WHICH HE PENETRATED ON THE**

SIXTH DAY OF MAY, 1884.

**HIS MEMORY**

Shall Exhort and his Example shall Encourage and  
Persuade those who come after him to Emulate  
Deeds which, Great in themselves,  
Were all Crowned by the Milk-white Flower of a  
STAINLESS LIFE.

Dr. A. W. Johnston, of Danville, read a paper on "Bigelow's Litholoxyl." Briefly he began by urging upon the profession a more careful investigation of their urethro-vesical cases: stating that as they are now managed, many stones are found for the first time on the autopsy table. Before we had so many instruments of precision, this might be pardonable; but now a practitioner is as often to blame for letting a man die with a stone in his bladder as he was in old times for cutting him when none existed. Stone is never the disease itself, but only a symptom or complication of some other trouble, and therefore it should be carefully and repeatedly sought for in all persistent cases. By personal experience he recommended the use of Bowman's stethoscope in auscultating the vesical region while the sound was moved about the bladder, as it magnifies the sound of small and soft phosphatic stones, as well as giving an intelligent idea of the condition of the vesical wall. The statistics which he gave on the various methods of removal were for lithotomy one death in eight between 17 and 40, and one in four above that age, while nearly all recover below 17. The best that ordinary lithotripsy had ever done, in spite of the most careful selection of cases, was one in seventeen, whereas litholoxyl, taking nearly all stones and constitutions to adult life, loses only one in 33.

Formerly every small soft stone in otherwise healthy patients was crushed. Now, however hard uric, weighing as much as 1,000 grains, and good-sized oxalates, are successfully removed from patients with almost all sorts of known complications, the organic obstructions only serving to make us more careful in the operation. F. N. Otis made this operation possible by demonstrating the real calibre of the urethra, but to Bigelow belongs the credit of connecting the tolerance of the bladder that had already been seen by several, with Otis' ideas—and then litholoxyl was born. The operation is being done on a large scale all over the known world, except in the Western, Middle, and Southern States; and the only reason that he could give for its backwardness there, was their proverbial dislike of details—for as in ovariectomy and extraction of cataract, it is now proved that it is gentleness and not dazzle that the bladder most approves.

He then gave a case in detail from which two months before he had removed 300 grains of phosphates through the narrow urethra of an enlarged prostate, the patient receiving great relief. As he did not bear the anæsthetic well, the operation had to be stopped before all the fragments could be removed, about forty grains being passed since. From the paresis caused by the hyperdistention of the bladder from the amount of water used, the organ cannot wound itself on small particles left behind, and we do not fear the reactions where only the amount that the viscous is accus-

tomed to is used. However, we should not trust to this, except where we are forced to, but should remove every particle that can be found. As the prostatic bar could not be safely removed, he expected to have to watch his patient carefully for some time to come, as it might again start the same chain of sequences, and like Thompson, he might repeatedly have to remove small concretions; but as he was 60 years of age he did not fear much reaction, for, like Freyer, of Calcutta, he thought the young and strong were more liable to urethral fever.

In speaking of the complications of stone, he said he wanted to enter a protest to what he had once heard a leading surgeon on the New York Hospital staff say, and that was, that by no known method of examination of the urine could we get a satisfactory idea of the mischief that has been done to the kidney by this sort of irritation. Time would not permit him to speak in detail, but he was sure the close study of the renal detritus would reveal its true condition. Large oxalates must still be cut. The dangers of the operation are of the operators' own making, and begin with the selection of instruments and last all the way through. No step is free from danger to the patient and disaster to the operator, if he does not know what to do and how to do it gently. After going over the various accidents that are most liable to happen to an operator, and giving the way to prevent each, he concluded with the statement that "the greatest dangers are of the surgeon's own making, and that it behooves him not only to be careful in the selection of his instruments, but in every movement he makes with them. No one should undertake this who is not personally familiar with all the urethro-vesical disorders and who is not already a tried surgeon, for in no position could an excited operator do more harm. To those stone operators who have not yet learned this method, I would say, learn it as quickly as possible, for the time is not far off when you must use it or give up your practice. The professional eye is rapidly learning to read the handwriting on the wall, and be assured that it will be but a short time before the uninitiated will with them exclaim: 'Mene, mene, tekell, upharsin!'"

Dr. D. W. Yandell, of Louisville, was understood to say: "I may state what will probably interest the Society, that the two men at the International Congress, two years ago, who attracted most attention after Pasteur, were Bigelow and Billings. Bigelow handles his instruments like a magician. My own experience with instruments is that after they are tested they are more liable to break than before. I had one of Bigelow's instruments sent to me by his own maker, and the first attempt I made to use it, it broke, and I had afterwards a very difficult cutting operation to do to get out the fragment as well as the stone. Fortunately, the case recovered."

Dr. Dudley S. Reynolds, speaking on the subject of "Inflammations of the Iris," said in brief: "In order to properly discriminate between various forms of inflammation of the iris and to distinguish these from malarial and tubercular, and certain tumors which are liable to develop in this structure, a little attention ought to be given to the anatomical peculiarities of the iris. It is a network of yellow elastic fibre with fine connec-

tive tissue fibre holding the pigment in place. The pectinate ligament of the iris, which is formed by deflection of the posterior elastic layer of the cornea, serves not only to bind the iris securely to the cornea, but the slips of this ligament are divided continuously to their point of attachment by fusion with the sheath of the constrictor pupillæ muscle. The sphincter muscle of the pupil is the only muscular structure in the iris. It has no radiary muscular fibres, as some seem to think, and as has been long taught by book-makers; it has no arteries nor veins. Its blood-supply comes from a large number of minute arterioles belonging to the long ciliary arteries. These arterioles belong in the network of capillary vessels which ramify the interstices of the iris, and return by venules which begin at the periphery of the iris and lead into the sinus, called the canal of Schlemm. This canal contains a plexus of veins and a large number of lymphatic vessels. When the pupil of the eye is contracted, the iris is brought more firmly into contact with the capsule of the crystalline lens. Any irritation in the nature of congestion contracts the pupil, and even the mildest form of inflammation of the iris will in a short time develop adhesions at the point of contact between the iris and the capsule of the lens. This is the great danger in all inflammations of the iris, whether traumatic, syphilitic, miasmatic, or tuberculous. The chief point to be considered by the practitioner is that all forms of iritis require precisely the same local treatment, that this treatment is demanded from the very beginning of the first stage of the inflammatory process until the last vestige of it has disappeared. It is customary to commend the sulphate of atropia for this purpose; and whilst it is in most cases promptly efficient, there are certain objections to it. The only object to be secured by any local treatment in any form of iritis is to dilate the pupil and relieve pain. It unfortunately happens that the sulphate of atropia, whilst it uniformly dilates the pupil, does not always relieve the pain; per contra it sometimes greatly intensifies it by increasing the tension of the eye, and in this often endangering the safety of the organ. The hydrobromate of homatropia, in my own experience, which extends over a period of more than two years of active practice, both private and at the hospital college clinic, covering hundreds of cases, induces me to rely implicitly upon it for a prompt dilatation of the pupil and a prompt diminution of the pain. In all forms of iritis I use a solution of homatropia in the proportion of one grain to the drachm of distilled water, and this instil into the eyes, one drop every five minutes, until the pupil is dilated and the pain abated. I prescribe an interval of not more than three hours for the repetition of the local application. I have never witnessed any constitutional disturbance from the use of this solution, even in children as young as seven years of age.

"All forms of iritis, except the traumatic, require constitutional treatment based upon a consideration of the case, and nature of the constitutional disease which has its local manifestation in the iris. I have seen violently acute forms of iritis arrested in forty-eight hours by the administration of an aperient, followed by one decided dose of quinine, say fifteen or twenty grains of

the sulphate, the local treatment being promptly and persistently carried out. Cases of syphilitic inflammation of the iris require, of course, to be discriminated, if it is possible to do so; if the inflammation has its seat in the iris, gummata will appear in the substance of the iris upon its surface, and upon the margin of the pupil. These will be recognized by a nodular elevation, by interstitial circumscribed swelling, or by tubercular projections from the margin of the pupil; but in some cases the syphilitic manifestation is not present in the iris—it may occur in the ciliary body, in the ciliary muscle, or in the canal of Schlemm, producing an iritis often more difficult to control than that which has its origin in the iris proper. The iodide of potassium in progressively increasing doses, taken always in a glassful of cold water and at intervals of four to six hours, with the local use of hydrobromate of homatropia, and smoked glasses to protect the eyes from light, constitute as nearly a specific line of treatment for syphilitic iritis as one may desire.

"To recapitulate now: all forms of iritis should be treated by the local application of some non-irritating mydriatic, the best of which is hydrobromate of homatropia; next to this, daturia stramonium, or its alkaloid, the sulphate of daturina; next to this, the sulphate of atropia or duboisia. The constitutional treatment shall be of the nature suggested by the character of the constitutional disease which has caused the iritis."

#### THURSDAY'S SESSION.

Dr. T. D. Finck, of Louisville, read a paper on "Phlyctenular Conjunctivitis." As illustrative of a want of thorough investigation of the pathology and etiology of very common diseases, he cited two cases occurring in children subsequent to an attack of measles, and which by many practitioners would be said therefore to be due to that as a cause.

"These cases," said he, "are interesting, inasmuch as this disease counts among its sequelæ catarrhal conjunctivitis. But the pathology of phlyctenular conjunctivitis consists in a rupture of a lymphatic in consequence of an engorgement. Lymphatic inflammation is attended by increase of the lymph-cells both in number and size; the vessels are burdened, and as a consequence rupture occurs.

"That the herpes spring up at the corneo-conjunctival junction is due to the fact that the conjunctiva, loosely attached to the globe until reaching the cornea, becomes here firmly adherent to it—then the net-work of lymphatics, having its zone-like origin around the cornea and having its periphery encircled by a large lymphatic, which anastomosing with the net-work around the cornea and at the same time throws down branches to open into the axial lymphatics, which are subsequently united to the submaxillary glands.

"When it is remembered that enlargement of the glands of the neck invariably co-exists with conjunctival herpes, these facts not only explain the reason for the location of the herpes, but go far to prove that phlyctenular conjunctivitis is due to a glandular engorgement, and that measles could only then be considered a factor in its production when regarded as a debilitating cause."

Dr. W. M. Fuqua, of Hopkinsville, read an ex-

haustive paper on "Civilization and Sanitation." In brief Dr. Fuqua took the grounds that disease is very much more frequently of centric than ex-centric origin, and that therefore much of the present sanitary doctrine is unsound. "Sanitary science, says a recent writer, begins and ends with man; its aim is the growth of an improved race; a healthy, useful, and long life. Public health ever goes hand in hand with true liberty, and is the companion of orderly habits and pure morals. Does civilization essay to do more than this? Are they not mutually interwoven, one the handmaid of the other?"

"Man's duty to himself in the present age is measureless; its path is as broad as the ship's road upon the wide-ocean plain. What the present asks is the deepest solicitude of each individual over itself, because a high state of society or civilization, or sanitation, means nothing except an exalted condition of the individuals composing it. All lawful care of self is therefore a form of public benefaction. Whatever diminution of mortality we enjoy from the diseases that formerly depopulated countries, is due rather to a higher civilization than to what is termed Sanitary Science. That at present is synonymous with cleanliness; and as nations emerge from barbarism into civilization, cleanliness assumes greater importance in its relation to individual happiness, comfort and longevity."

Dr. Fuqua's paper was a very excellent one, and deserves a publication in full. His propositions are so mutually dependent upon each other that no abstract can do justice to it, because the harmony of the reasoning is marred by breaking the continuity.

Dr. Wm. Cheatham, of Louisville, read a paper upon "Sympathetic Ophthalmia." He believes it to be produced through the sympathetic system of nerves, the result of continued irritation. Said the writer: "The symptoms of sympathetic irritation, which I contend always precedes inflammation, are slight temporary blurring of vision, fear of light, flashes of light, pupil fails to dilate and contract as normally, and easy fatigue of eyes from use."

"Mr. P., struck in the left eye with a nail six months before he came to see me. The nail made a large wound of the sclera in ciliary region. Four months after the injury, symptoms of sympathetic irritation set in, which was soon followed by plastic irido-cyclitis. When I first saw him vision of both eyes was zero. I advised removal of wounded eye, which was submitted to. By leeching, warm and cold cloths, iodide of potassium and mercurial inunction continued for four months, he returned home with vision enough in right eye to go any where he wished."

"Captain S. lost sight of left eye some years ago from inflammation. Cornea of left eye opaque, synechia posterior with cataract. Some months ago sight of right eye began to fail. When I saw him he could only distinguish daylight from darkness. Left eye was sensitive to neither light nor touch. After trying for a few days treatment with no change for the better, I enucleated left eye, fearing the trouble was sympathetic. He was put on the mercurial inunction. The inflammation of the right eye was plastic in character, and I feared it would go on to suppuration. Leeches

were applied to the temple, the room darkened, and rest in bed advised, and cold cloths applied. In eight or ten weeks he returned to his work with vision  $\frac{2}{3}$ ."

"Mr. C. had choroiditis; left eye was treated by another oculist, who performed iridectomy. Irido-cyclitis followed with closure of pupil. Some weeks afterward a spot of choroiditis started in right eye in supra-temporal quadrant. This oculist advised iridectomy in this eye, with enucleation of the left, against which the patient kicked, and fell into my hands. I treated him for some months, getting vision  $\frac{2}{3}$  right eye. He returned home, reporting to me only occasionally. Four months ago he returned with renewed symptoms of inflammation of the right eye, vision  $\frac{2}{3}$ , and neuro-retinitis present. I advised enucleation of the left, to which he consented. In three days the neuro-retinitis was greatly improved, and vision doubled. He has gone on improving slowly but steadily since."

"From these and similar cases the inference was drawn, that the advisers of early enucleation, or of enucleation of all eyes that are blind or of no service, because if sympathetic inflammation sets in all is lost, are sometimes mistaken, and for the following reasons: No one can tell at once whether or not a majority of the injured eyes will go blind; and in deciding this question it is important to decide whether this operation of enucleation is, as most physicians believe it to be, a harmless one. Graefe, Pagenstecher, Verneuil, Vignau, and others, report fatal cases. I myself have had severe hemorrhage to follow enucleation in two cases—in one case nearly fatal. In the young it often leads to deformity by contraction of the orbit; occasionally sympathetic ophthalmia is excited by enucleating the diseased eye; when the sympathetic ophthalmia is a serous iritis, the enucleation of the offending eye excites a plastic irido-cyclitis, with loss of the good eye. So it will be observed that enucleation is not entirely harmless. 'Is it proper to advise the enucleation of a hopelessly blind eye as long as the other is normal?'"

"During last winter a young man came to me from Clarksville, Tenn., having been shot in his right eye the day previous. The shot passed through cornea, iris, lens, vitreous humor, retina, choroid and sclera, and into the back of orbit. Of course the latter was not discovered until after enucleation. The young man was a farmer in medium circumstances. I made this statement to him: 'If you will stay here under my observation for some weeks, it is possible that I might save that eyeball for you, and even possible with some vision; there will be great loss of time and considerable expense. Notwithstanding the best treatment I can give you, it is possible that the eye may have to be removed anyhow; there are many chances for this, with some risk of its affecting the other eye and damaging it materially.' With this statement before him, he wisely decided to have it enucleated, when the previously detailed condition of things was found to exist."

"The question of preventative enucleation hinges on other important points besides the dangers of sympathetic ophthalmia: 1st, the ability of the patient to lose the time necessary for appropriate treatment; the nearness of a physician



who is able to recognize sympathetic irritation and enucleate the offending eye; and the intelligence of the patient."

The following conclusions closed the paper: "Enucleation is better performed in the stage of irritation. If it cannot be performed then, operate in the stage of inflammation, for while there is life in the eye there is hope. It should not be performed in iritis serosa. It can be performed at the onset of irido-cyclitis plastica, though the eye causing the sympathetic inflammation may not be blind."

The following resolution was adopted:

WHEREAS, The late Dr. Samuel D. Gross, of Philadelphia, was one of the earliest presidents of this society and always on its roll, it is fit that we should formally add our word of respect to his memory. What we shall say of him is much to us, though it is but a small part of the loud sum of testimonies to his worth going up from medical men in both hemispheres. In recognizing his high merits we shall join company with the most dignified and venerable institutions of learning known to the English-speaking race, institutions that have done themselves honor in bestowing honors upon him. It is some comfort to us who mourn him that in the corporate existence of this organization of which he was a founder, *he still lives*. To our remotest year his name shall stand as that of one upon whose full and excellent life, every member may well wish his own were modeled.

Resolved, That as he was a great surgeon and leader of thought, we shall continue to hold his precepts in high esteem. As he was a kind and loyal friend, we shall cherish our memories of his personal dealings with us. As he lived frankly, purely and courteously, we shall reverence in him the gentleman above reproach.

J. W. HOLLAND,  
WM. BAILEY,  
J. H. LETCHER.

Dr. T. H. Stucky, of Louisville, read a paper on "Catarrhal Headache and Its Allied Affections." After entering into the anatomy and functions of the nose, he said: "In acute coryza we have besides the general lassitude, malaise, alternate chilliness and heat, and more or less weight and pressure about the frontal region especially. Examination in such cases will reveal a thickened oedematous nasal mucous membrane approaching nearly to occlusion, which, in proportion as it nears completeness, measures the frontal uneasiness. The membrane is at first dry; then stimulated secretion occurs, when some degree of ease is secured. The connection between the nasal cavity and frontal sinus is quite direct through the anterior ethmoidal cells and infundibulum. The varying size of the frontal sinuses measures to a large extent the discomfort arising from the extension of the inflammatory process from the nose. A case was cited to illustrate the connection between acute coryza and frontal pain."

Chronic catarrhal rhinitis was discussed by the writer, whose paper was not discussed.

Dr. J. M. Matthews, of Louisville, speaking on the subject of "Operations Upon Hemorrhoids During the Inflamed State," said: "I do not think that any physician or surgeon engaged in practice long will deny the frequency with which hemorrhoids occur among their clients, nor the inconvenience and suffering which it entails upon the subject of them. I was much interested in the remarks of Dr. Holland on the 'Cause of Consumption,' especially those remarks which related to the fact that the disease was unknown among them previous to the advent in their midst of the white man. It is a notorious fact, stated by Dr. Buren, that in his experience among the Indians he never saw one of them with hemorrhoids, and he examined hundreds of them. This

fact has a bearing upon this subject, as well as upon tuberculosis.

"I find in my dealings with this special class of patients that often the symptomatology of the affection is not quite understood. I do not mean to say there is not a physician who can diagnose a case of piles, but that there are quite a number who do not diagnose. I find that even the authors themselves differ as to the pathology of a pile. I take it that a pile is, in reality, a tumor, just as much so as a tumor in any other situation. If this be true, the fallacy of injecting hemorrhoids with an acid for their cure can be readily seen.

"Those persons who have advocated the injection of hemorrhoids have never limited the injection to any special kind of tumor. How is a pile formed? The simple passage of hard feces through the gut, in persons the subject of constipation, repeated at intervals, is sufficient to begin an irritation ending in plastic infiltration of the tissue, the final result of which is a pile.

"I take issue with one of the authorities who characterizes this tumor as a vascular tumor. I take it there is a confusion in this; he means that the tumor is well supplied with blood; in reality the vessel which feeds it can be felt at the top, pulsating with a beat almost equal to that of the radial artery.

"Now, if you will permit, I will say there are strictly three varieties of these tumors: 1. The capillary, where the small vessels push into the folds of the mucous membrane without any infiltration at all. That is one kind, and it is a dangerous kind, from the fact that the circulation is free and rapid. Being fed by an artery of considerable size, if ulceration takes place over it and perforates it, there is danger that the patient will bleed to death. I have seen a case die from this cause. If the chain of morbid phenomena be not here checked, and the inflammation is allowed to continue, it goes on to the formation of the second variety, the venous pile.

"I received a letter after I read a paper last year before this society, from a gentleman in the society, asking me if I was not mistaken as to the veins in the rectum having no valves. In speaking of this, I spoke of the circulation as being very slow and feeble. He took issue with me. The confusion in his mind arose from the fact of the blending of the portal and systemic circulation; it had not occurred to him that reference was had to the absence of valves in the superior hemorrhoidal veins. Some relief is afforded from this condition by blending with the middle and inferior hemorrhoidal. There is occasionally a blending, likewise, with the portal and systemic circulation, and therefore is it that obstruction in the liver causes one kind of piles. Other causes operate differently. It is my experience that piles may exist for weeks or years above the sphincter muscle, and the individual be unaware of their presence. This is a matter of considerable importance, when it is considered that these patients often come before examining boards for pensions or life insurance. They ask the question, 'Have you ever had piles?' and he answers 'No.' Then this individual is taken sick, and during this sickness it is discovered that he has piles, and it renders his policy invalid. Now, admitting their existence to have been determined,

can the necessity of an operation be disputed? I take issue with any man who will say he can cure this kind of pile or tumor by anything else than an operation.

"From a variety of causes piles are liable to become inflamed, and once inflamed they may easily become strangulated by passage below the sphincter; everything is aggravated in this condition, and it may take some weeks to quiet the trouble. It has occurred to me to ask myself the question, why not operate upon them and get rid of them at once? There is no authority that says 'Operate upon a pile during the inflamed state,' but they will tell you to apply treatment to reduce the inflammation. Now I want to state one or two cases. A few weeks ago I was called in consultation, to a distinguished lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action for two or three weeks. I found hanging down from the anus two solid tumors. I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction, that man was out of the house in one week.

"Another case, a young man, had a mass of inflamed tissue hanging from him larger than my two fists. It would have taken several weeks to abate the inflammatory trouble, and I ligated the whole mass. I went to see him the next morning. I was told by the people at the house that he had rested well all night, and got up early in the morning and went out. They sent for him, but he could not be found. Three days later I received a postal from Cairo, Ill., saying he was that far on his way home and was all right. When he got home he wrote me that he was entirely well. Since then I have had I suppose five or six cases of similar character, in which the proceedings and results are similar. I have therefore come to conclude that instead of applying remedies to relieve the inflammatory trouble, they should be operated upon at once."

#### Medical Society of New Jersey.

(Concluded from page 787.)

Wednesday.—The Society was called to order by the President at 10 a. m.

The Special Committee on Education presented the following:

*Resolved*, That this Society approve and adopt the recommendations of the Special Committee on the curriculum of preparation to be required of persons contemplating the study of medicine in this State, as contained in the report presented at the last annual meeting of this Society.

That to carry out the recommendation of said report in regard to a censorship as therein contemplated, this Society is of opinion that two Boards of Censors be appointed by Standing Committee each year, consisting of five members of this Society, one for the northern and one for the southern part of the State, to whom should be presented for approval the credentials of all persons proposing the study of medicine, and in case of the insufficiency of such credentials, to examine the applicant in the branches of science and learning indicated in the report of the Committee.

That the Standing Committee prepare and report to the Society for its adoption such amendments of its By-Laws as are necessary to carry out this plan and recommendation of the Committee.

That the Corresponding Secretary communicate the action of this Society on this subject to the district medical societies in this State, with instructions to adopt such regulations as shall effectually secure the observance of the measure adopted by this Society in the several localities.

That the Corresponding Secretary communicate the action of this Society on this subject to the State Medical Societies of the several States of the Union, and respectfully request their cooperation with us in this effort to elevate the standing of medical education throughout the country.

The resolutions occasioned considerable discussion, in which Drs. E. M. Hunt, C. J. Kipp, Godfrey, Welch, B. A. Watson, Ridge, Benjamin, and English took an active part.

On motion of Dr. Benjamin they were adopted.

On motion of Dr. E. M. Hunt, the following resolution was adopted:

*Resolved*, That the Special Committee on Education be continued, and be requested to report next year to the Society what is feasible to be done to test the competency of graduates of various medical colleges who hereafter seek to settle in this State.

On motion of Dr. Hunt, it was

*Resolved*, That a committee of three be appointed by the President to report this afternoon what, in its judgment, can, or ought to be done by county medical societies, or by local officers, to prevent unlicensed persons who record imperfect licenses from practicing in this State.

The President appointed the following named gentlemen to constitute the committee: Drs. Parrish, Pennington, and Welch.

Dr. Garretson, in behalf of the Committee on Medical Jurisprudence, read its report, which, after considerable discussion, was, on motion, referred back to the Committee for amendments.

On motion of Dr. Hunt, the following was adopted:

*Resolved*, That this Society recognizes the importance of some legislation as to the modes of securing expert testimony.

Dr. B. A. Watson, Chairman of the Committee on Army Medical Museum and Library of Surgeon-General's Office, made a complete report, appended to which were the following:

WHEREAS, It is the opinion of the Medical Society of New Jersey that the Army Medical Museum and Library of the Surgeon-General's office, at Washington, D. C., have been largely instrumental in the advancement of sound professional and scientific knowledge, and that they give promise of still greater usefulness in the future. And

WHEREAS, It is learned with regret that both these collections are in great jeopardy from fire or accident through the insecurity and unsuitableness of the building in which they are stored; it is

*Resolved*, That Congress be respectfully urged to provide suitable, indestructible quarters for these invaluable treasures, to secure them against any possible contingency of loss or damage.

*Resolved*, That it is the sense of this meeting that the management of these national collections has been eminently successful in the past, and that any change of administration would not only be injurious to these interests, but would cast an undeserved stigma upon the office of the Surgeon-General of the army.

*Resolved*, That we again respectfully petition Congress to provide suitable annual appropriations for the increase and preservation of the Museum and Library, and also for carrying on the valuable "Index Catalogue" of the Surgeon-General's office.

*Resolved*, That a committee of three be appointed by the Chairman of this Society to prepare a suitable memorial, which shall be printed and sent to each of our representatives in Congress.

The President appointed Drs. B. A. Watson, H. G. Taylor, and E. M. Hunt, as the committee.

The report of the Committee on Lunacy was read by its chairman, Dr. Parrish, and the following resolutions, which were offered by the committee, were, on motion of Dr. Benjamin, adopted:

WHEREAS, The Legislature of the State of New Jersey, having, at its session of 1883, passed an act entitled "An Act to Create a Council of State Charities and Correction;" it is deemed of such importance to the health and well-being of the people as to call for congratulations by the Medical Society of New Jersey; therefore,

*Resolved*, That the Medical Society of New Jersey, in annual meeting assembled at Cape May, June 10 and 11, 1884, welcome the appointment by the Governor of the State of a Council of State Charities and Correction as an additional and co-operative factor with the Medical Society in correcting the neglects and abuses to which the insane poor of the State are subjected, especially in the county almshouses throughout the State.

*Resolved*, That in congratulating the community upon the existence of such a council, the Medical Society of the State, the district societies in the different counties, and individual physicians in their respective homes, will cheerfully co-operate with said Council in all suitable and legitimate plans to secure the result contemplated by law.

*Resolved*, That the corresponding secretary be instructed to transmit to said Council a copy of these resolutions, with a copy also of the *Transactions* of this annual meeting when they shall be published.

Dr. C. J. Kipp then read an essay on the "Prevention and Treatment of Purulent Conjunctivitis." He believes this disease is always due to inoculation, and may be prevented by the employment of prophylactic measures. He thinks there is reason to believe that the disease is frequently induced by inoculation of the conjunctiva by leucorrhoeal fluid during parturition, and therefore it might often be prevented by repeated injections of tepid water into the vagina during the first stages of parturition. In the treatment of the disease, he recommends cleanliness, application of cold to the lids in the early stage, and the application of a solution of nitrate of silver later on. Prefers absorbent cotton to sponge in wiping away discharges. The eyes should be opened and cleaned at least every hour.

Dr. Geo. T. Welch, of Keyport, followed with

an essay on, "Many Drugs: Few Remedies." He said:

"The modern physician in his multitudinous drugs finds few remedies. The average of human life is greater, but commerce and the arts have given greater comfort, better food, new thoughts, wider horizons, and none of the sciences can claim too great a share in the world's advancement. Medicine finds its highest achievements in the prevention, not in the cure of disease. Cancer shows a steady relative increase in England: in New Jersey the average death-rate from this disease is 1 in 54 of all the deaths that occur. Malarial diseases spread in wider circles. Does not the ravage of tuberculosis go on? Who has won eminence in curing yellow fever? The exanthemata sweep into and out of every neighborhood about once in five years. Who cures rheumatism, or typhoid fever, or chronic Bright's disease? Who never recoiled before a patient simmering in the horrible slow flame of pyæmia? And yet who refrains from prescribing? The journals teem with fortunate prescriptions, the nostrums of manufacturing chemists push braggart charlatanism to the wall. No monstrosity of theirs so impudent that a dozen college professors will not laud the mixture. This was once the province of the clergy, but we do things differently now.

"The decadence of drugs once high in esteem, and the discovery of the parasitic cause of many diseases, should make us skeptical of medicines and their applications, rather than enthusiastic in heralding the new. But a large body of medical men lend themselves to this insanity, and the commercial class keeps up the hue and cry, out of no philanthropy, but to fatten on the weakness of the profession, and the misfortunes of the race.

"The young doctor believes in the magic of drugs, the old doctor regards the majority of them as mischievous, while the pathologist suspects them all. We hear of the so-called cures, but rarely do we hear of the failures. Truth can never be arrived at until both sides are known. As to the drugs, most of them are poisons. Solutions of the majority of them destroy plants, and corrode the vital organs of animals. The test of new drugs upon animals, and the argument from these to man, is in many instances highly fallacious. Such drugs as morphia and atropia have slender effects on birds and herbivorous animals, while many others have frequently toxic effects, without corresponding symptoms in man. As, for instance, citric and tartaric acids, camphor, cocculus, dulcimar, and liq. ammon. acet., poison fatally in their order cats, rabbits, dogs, and fish. Some drugs act differently upon different animals, as colocynth, which has feeble action on horses, sheep, and swine, while it purges dogs and rabbits violently; cyclamen poisons fish, while pigs can eat any quantity of the root; hyoscyamus is eaten without harm by hogs, and does not injure sheep or cows, while upon dogs it has much the same effect as upon man.

"The only way to arrive at the average merit of new drugs, or the old, is to record the results of their application in the same classes of disease, under the varying conditions of hygienic surroundings over vast areas. But this is not practicable, for the majority of physicians are plodders, followers, men of routine. One other means

presents itself, colleges of experimental medicine, conducted under the eyes of the State, or the supervision of the highest medical authorities. Here should be rigorous system, exact registration, frequent comparison and correction. At the same time we must recollect, for all our attainments, that but comparatively little is known of the natural history of diseases. The tendency of nature to remedy ills without interference would astound the medical world could it be known aright. Hundreds of diseases would end in recovery if never a drug were given. We deceive ourselves with cures. The last drug gets the credit, where none deserves it. On the other hand, many diseases have continued to be incurable for ages, though even the wisest physician would probably feel himself criminal not to prescribe something. And given one thing, to give another is a natural sequence.

"Even to give an ample margin, after twenty-five leading medicines, as iron, iodine, quinine, strychnine, brandy, and opium, have been selected from the mass of drugs persistently thrust upon the profession, the rest might be 'in the flat sea sunk,' and the death-rate be no greater."

Drs. Thomas A. Emmett and Isaac Taylor, of New York, having been duly recommended by the committee, were unanimously elected honorary members of this Society.

It was voted that the Business Committee of last year be continued.

The Committee on Honorary Membership was also continued.

Drs. O'Hara and W. B. Ulrich, delegates from the Medical Society of Pennsylvania, made brief and appropriate responses to their formal presentation.

A petition from the physicians of Cape May, asking for a commission to organize a medical society in that county, was received, and, on motion, it was ordered that the commission be granted.

Drs. Wickes, W. P. Watson, and E. M. Hunt, are the Committee on Fellows' Prize Essay. The Committee were instructed to select a subject for the essay, and publish the same in the medical press.

The following officers were elected for 1884:

*President*.—P. C. Barker.

*First Vice-President*.—Jos. Parrish.

*Second Vice-President*.—C. J. Kipp.

*Third Vice-President*.—J. W. Ward.

*Recording Secretary*.—Wm. Pierson, Orange.

*Corresponding Secretary*.—Wm. Elmer, Trenton.

*Treasurer*.—W. W. L. Phillips, Trenton.

*Standing Committee*.—T. J. Smith, E. J. Marsh, D. C. English.

#### DELEGATES.

American Medical Association—J. H. Pugh, J. W. Snowden, I. H. Love, Wm. Pierson, W. P. Watson, H. C. Clark, Wm. Elmer, D. B. Ingersoll, D. C. English, J. E. Avison, A. W. Rogers, I. Gibbon, W. H. Merrill, J. W. Paul, J. M. Beam.  
Pennsylvania Medical Society—T. R. Varick, Joseph Parrish, E. Busby.

Connecticut Medical Society—N. Williamson, H. G. Buckingham, C. R. Wiley.

Rhode Island Medical Society—H. H. James, E. H. Reily, M. Abel.

Massachusetts Medical Society—E. W. Hunt, H. M. Weeks, P. A. Harris.

Maine Medical Society—J. H. Griffith, E. Worth, J. L. Bodine.

Vermont Medical Society—D. M. Forman, P. Hoffman, D. Benjamin.

Delaware Medical Society—G. T. Welch, W. H. Amos, E. Oliphant.

New York Medical Society—J. S. Green, D. B. Ingersoll, J. S. Whitaker.

British Medical Association and International Medical College—E. M. Hunt, J. N. Quimby, S. S. Clark.

It was voted that the next annual meeting of this society be held at Long Branch, on the second Tuesday in June, 1885.

Dr. H. H. James was appointed essayist for the next meeting.

It was voted that the assessment next year be one dollar and a half per capita.

The President appointed the following Committee of Arrangements for the next annual meeting: S. H. Hunt, H. R. Baldwin, D. M. Forman, W. H. Shippis, Henry Mitchell.

On motion of Dr. Godfrey, the following was adopted:

*Resolved*, That a vote of thanks be extended to the officers of the West Jersey R. R. Co., to Mr. McClellan, the proprietor of the Stockton Hotel, the mayor and citizens of Cape May, for their generous hospitality and courtesy to the members of this society, and to Committee of Arrangements.

*Resolved*, That the Corresponding Secretary be instructed to inform them of the passage of this resolution.

Adjourned.

#### Buddhism and the Transmission of Diseases.

The Buddhist law is significantly stringent on this point—so much so that, according to Jardine's translations of the Burman's law of "Marriage and Divorce," we observe that, should man or woman unwittingly marry into a family afflicted with certain hereditary diseases, as leprosy, cancer, syphilis, madness, etc., which in the Dhammathat relating to marriage are collectively designated "*hinaroga*, or wasting diseases," he or she may sue out a divorce. Buddhists are taught to believe that not only will the children of diseased parents inherit a transmissible disease, but that the husband or wife will contract the same by association—living together under the same roof.

#### Personal.

—Dr. Carl Seiler, of this city, will be the efficient resident physician at the "Mountain House," Cresson Springs, this summer.

#### MARRIAGES.

GARRETSON—ZELLER.—At the residence of the bride's mother, on Tuesday evening, June 10, 1884, Dr. Will M. Garretson and Miss Maggie Zeller, both of Perkinsville, Ind.

PRATT—JACKSON.—At Bellefontaine, Logan county, Ohio, June 5, 1884, by Rev. Newton, Dr. Lester C. Pratt and Miss Sallie M. Jackson.



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